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Common variable immunodeficiency mimicking granulomatous diseases needs to fulfill diagnostic criteria. Commentary to the article of Modrzewska K. et al. "Common variable immunodeficiency in a patient with suspected sarcoidosis"

Kryteria diagnostyczne rozstrzygające o rozpoznaniu w przypadku pospolitego zmiennego niedoboru odporności imitującego choroby ziarniniakowe. Komentarz do pracy K. Modrzewska i wsp. „Pospolity zmienny niedobór odporności u chorej z podejrzeniem sarkoidozy"

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Dear Editor,

I have read with great interest the case reported by Modrzewska K., Wiatr E., Langfort R., Oniszh K., Roszkowski-Śliż K. in the journal [1] in which revisit the misdiagnosis of tuberculosis with common variable immunodeficiency (CVID), a primary immunodeficiency characterized by recurrent infections and autoimmune manifestations. I am grateful to the effort of the group to the knowledge of this condition. However I would like to say that diagnostic criteria should fit with the diagnosis of CVID. Until recently, there wasn't an agreement among diagnostic criteria in CVID. Fortunately, American and European groups have published these criteria. According to the European Society For Primary Immunodeficiencies (ESID) a patient suffers CVID when: has more than 2 year old plus absence of isohemaglutinnins/response to vaccines plus hypogammaglobulinemia below 2 standard deviations [2]. Of course secondary causes of hypogammaglobulinemia must be ruled out, like the use of steroids or antiepileptic drugs, protein loss (urine, feces), or increased turnover of the receptor (as in miotonic dystrophy occurs).

The patient reported lacks of response to vaccines or isohemaglutinnins measurement until diagnosis of CVID could be assured. Common variable immunodeficiency is a commonly missed problem under some other granulomatous diseases [3].

So I definitely recommend the measurement of isohemaglutinnins or response to vaccines whenever CVID is considered.

References

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